

Wisconsin Department of Regulation & Licensing

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DENTISTRY EXAMINING BOARD

DENTAL LICENSE INFORMATION

Important:

Applicants who have passed the Central Regional Dental Testing Service examination (CRDTS) (CORE) (WREB) **taken within the 5-year period immediately preceding application**, must file the following with the Dentistry Examining Board at the above address to complete the requirements for licensure in the State of Wisconsin.

1. **APPLICATION FOR DENTAL LICENSE (FORM #512).** Please complete application.
2. **LICENSURE FEE.** Checks or money orders are to be made payable to the Department of Regulation and Licensing.
3. **NATIONAL BOARD SCORECARD.** Submit an original card issued by the National Board of Dental Examiners on which your examination scores appear. (PASSING and FAILING scores are required.) **Photocopies of the card will not be accepted.** If necessary, cards can be obtained from the Commission on National Dental Examinations, 211 East Chicago Ave., Chicago, IL 60611, (312) 440-2500. (PASSING and FAILING scores are required.)
4. **CENTRAL REGIONAL DENTAL TESTING SERVICE SCORE CARD (CRDTS):** Submit an **original** card(s) issued by the Central Regional Dental Testing Service on which your examination scores appear. (PASSING and FAILING scores are required.) **Photocopies of the cards will not be accepted.** If necessary, cards can be obtained from CRDTS, 1725 Gage, Topeka, KS 66604, (785) 273-0380. (PASSING and FAILING scores are required.)
5. **WESTERN REGIONAL EXAMINING BOARD (WREB).** The Board started accepting this exam effective January 1, 2001. Submit score card issued by Western Regional Examining Board showing you passed this examination. (PASSING and FAILING score cards are required.) **Photocopies of cards will not be accepted.** Cards may be obtained from WREB, 9201 North 25th Ave., #185, Phoenix, AZ 85021. See WREB's website <http://www.wreb.org/faq1.htm> for information requesting this score card.

Applicants who have taken WREB after 12/31/05 must also take ADEX I and III. To arrange to take these parts, contact CRDTS at (785) 273-0380 or info@credits.org. Further information on these examinations are available from CRDTS. (PASSING and FAILING score cards are required.)
6. **NORTHEAST REGIONAL BOARD (NERB).** Effective September 28, 2005 the Dentistry Board decided to accept the Northeast Regional Board (NERB) examination for Wisconsin licensure. Acceptance is retroactive for 5 years from September 28, 2005. (PASSING and FAILING score cards are required.) **Photocopies of cards will not be accepted.** To obtain cards contact NERB at www.nerb.org.
7. **CERTIFICATE OF PROFESSIONAL EDUCATION (FORM #1471).** Have your dental school complete this form and submit it along with your application, or request them to send directly to the board office.

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8. **EDUCATIONAL REQUIREMENTS:** In addition to the “Certificate of Professional Education” Form #1471, submit evidence of graduation (copy of diploma or a letter from the dean or department head with verbatim wording including the signature of dean and school seal on department letterhead) from a dental school accredited by the American Dental Association Commission on Dental Accreditation.
9. **VERIFICATION OF LICENSURE IN OTHER STATE(S).** You are required to have each state/country board in which you have ever been licensed submit letters of verification to the Wisconsin Dentistry Examining Board. The letters must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure.
10. **EXAMINATION ON WISCONSIN LAW:** An applicant shall successfully complete an open-book examination on Wisconsin Statutes and Rules relating to the practice of dentistry before a license can be issued in Wisconsin. The answer sheet and the open-book examination must be returned to the board office.
11. **CERTIFICATE OF PROFICIENCY IN CARDIOPULMONARY RESUSCITATION:** Submit a copy of the front and back of a current certificate. *(Not required of new graduates)*
12. **NATIONAL PRACTITIONER DATA BANK**
Applicants must request the “Practitioner Request for Information Disclosure” (Self-Query) from the National Practitioner Data Banks web site: www.npdb-hipdb.com/welcomesq.html. **OPEN THE ENVELOPE** to be certain your application was processed. If processed, mail all contents, including the envelope, to the Dentistry Examining Board at the above address. Further questions regarding this form may be directed to the Data Bank Help Line at 1-800-767-6732.
13. **OTHER.** Include explanations on attached sheets, if required, for answers to questions on application Form #512.

YOUR APPLICATION WITH ALL SUPPORTING DOCUMENTS MUST BE ON FILE THIRTY DAYS PRIOR TO THE DATE ON WHICH YOU WISH TO BE GRANTED PERMANENT LICENSURE.

FOREIGN DENTAL SCHOOL GRADUATES.

Contact the department at (608) 266-2112 to receive further information.